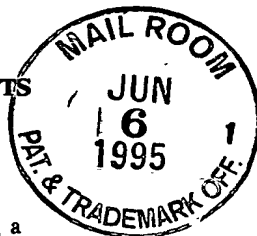


TOWNSEND and TOWNSEND KHOURIE and CREW
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San Francisco, CA 94105
(415) 543-9600

ASSISTANT COMMISSIONER OF PATENTS
BOX PATENT APPLICATION
Washington, D. C. 20231

RULE 60

Atty. Dock t N 002120
"Express Mail" L 37171B221720004
Date of Deposit June 6, 1995



I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D. C. 20231

By

Douglas G. Good

Sir:
This is a request under 37 CFR 1.60 for filing a
☐ Continuation ☒ Division
of application Serial No. 08/419,008, filed April 7, 1995
of Peter Seubert, Carmen Vigo-Pelfrey, Dale Schenk and Robin Barbour
for Methods For Aiding In The Diagnosis Of Alzheimer's Disease By Measuring Amyloid- β Peptide (x \geq 41) And Tau

The application papers **FILED HEREWITH** (specification, claims, originally filed drawing(s) and oath or declaration) are a true copy of the prior application and no amendment referred to in the oath or declaration filed to complete the prior application introduced new matter therein.

☒ Please amend the specification by inserting before the first line the sentence:

A1

--This is a ☐ Continuation ☒ Division

of application Serial No. 08/419,008 filed April 7, 1995

- ☐ A preliminary amendment is enclosed.
☐ Formal drawings are enclosed.
☐ An Information Disclosure Statement under 37 CFR 1.97 is enclosed.
☒ A verified statement to establish status under 37 CFR 1.9 and 37 CFR 1.27 was filed in the above identified parent application.
☒ A copy of the Sequence Listing in computer readable form was filed in the above identified parent application.
☐ Please record the enclosed assignment to _____
☒ The prior application is assigned to Athena Neurosciences, Inc.
☐ Please cancel claim(s) _____

Claims as Filed, Less any Cancelled Claims

(Col. 1)

(Col. 2)

SMALL ENTITY

OTHER THAN A

SMALL ENTITY

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	41 -20=	*21
INDEP CLAIMS	7 -3=	* 4
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

RATE	FEE
	\$365
x11 =	\$231
x38 =	\$152
+120 =	\$
TOTAL	\$748

OR

OR

OR

OR

OR

OR

RATE	FEE
	\$730
x22 =	\$
x76 =	\$
+240 =	\$
TOTAL	\$

\$ 748.00

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 20-1430 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).
☐ A check for \$ _____ is enclosed.
2 copies of this sheet are enclosed.

Respectfully submitted,

TOWNSEND and TOWNSEND KHOURIE and CREW

John R. Storella

John R. Storella
Reg. No.: 32,944
Attorneys for Applicant

Telephone: (415) 543-9600